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Headline: Sailor's Bone Marrow Saves Life
Quantico, VA--More than a year ago, while attending hospital corpsman school, HA Michael Stewart gave a small sample of his blood because if everyone in his class did it, they'd be able to fly an extra pennant on their guide-on.

Stewart and his classmates were participating in a bone marrow registry, which collects small samples of blood used to determine an individual's human leukocyte antigen (HLA) tissue type. Once typed, an individual's name is placed on a bone marrow registry.

Bone marrow is often used to treat individuals with potentially fatal blood diseases, such as leukemia. For some, their only hope of survival is a bone marrow transplant.

Stewart's serendipitous act was instrumental in saving a life. A few weeks ago, he got a call--his marrow matched that of a seriously ill 54-year old man. Would Stewart donate some of his marrow to combat the man's fatal disease?

Stewart, who now works at the Ray Hall Branch Medical Clinic that serves the Marine Corps Base in Quantico, VA, didn't hesitate. He talked to his parents, and then agreed.

He was hospitalized for a day and half after the procedure, which was done at Georgetown University Medical Center in Washington, DC.

"Honestly? It was somewhat painful. But I would do it

all over again and again," said Stewart. The last he's heard, the man who received his marrow was doing fine.

Stewart isn't alone in his generosity. Just weeks ago, aboard USS GEORGE WASHINGTON (CVN 73), more than 135 Sailors lined up to give blood samples so they could be put on the registry. According to HM2(SW) Kevin R. Millar, a member of the ship's medical department and one of the coordinators of the bone marrow registry, an earlier drive aboard the ship signed up 180 Sailors and Marines.

"So far, we have found one match for a bone marrow transplant," said HMCS(FMF) Paul E. Thomas, who is also a member of WASHINGTON's medical department.

Nationwide, almost 25 people die each day while waiting for a donor match. The registry, which is sponsored by the Department of Defense, has a goal of registering 25,000 per year.

By LTJG Wade Wallace, MSC, NMC Quantico, and JOSN Dwayne D. Richardson, USS GEORGE WASHINGTON (CVN 73)

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Headline: Re-engineered Training Saves Time, Money

Bremerton, WA--Naval Hospital (NH) Bremerton's education and training department is saving staff time and taxpayer money by posting a few posters and asking the right questions.

In past years, hospital staff was required to take a day away from patient care for mandatory annual training to update their skills. The juggling of work schedules, reduction of patient loads due to reduced personnel, busing in of outlying personnel, and other factors made the training a logistical challenge, and, occasionally, irritating to staff and patient alike.

Enter CDR Susan Knutson, NC, who became the head of staff training about a year ago.

Knutson wanted to find a way to provide the mandatory training, with its valuable information, to all that required it with the least disruption to the hospital's routine.

"I wanted to make this process something where we could provide feedback to the participants, and cause less work for the instructors who were teaching," she said.

Her answer was to use a new twist on a learning method familiar to most health care professionals. Knutson asked each department that was responsible for providing training to develop a poster with the necessary information. She then set them up in the heavily visited dining hall. This allowed staff members on tight schedules to go through the stations right before or after lunch with no intrusion into their normal workday schedule.

Each trainee received a test sheet before they went through the poster display. Trainees answer the test questions at each poster station. After all stations were visited, the tests were graded immediately.

"I paid more attention," said HM3 Carolyn Fellows, "This new way was much more interesting. The poster boards

showed in a more concise way the information that needed to be addressed."

According to Knutson this alternative to auditorium lectures saved the hospital more than 8,460 man hours and more than \$2,500 in site and transportation costs. The displays reduced the time spent in the classroom from seven hours to less than 30 minutes for most participants.

"My focus was on what we could do to improve training by creating a place where we could educate, receive feedback from the participants, and cause less work for the provider and ancillary staff within the hospital," Knutson said.

By JOSA Jose' Blanco, NH Bremerton

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Headline: Plyometrics Helps Patients Jump to Health

Bethesda, MD--Over the past three decades, athletic trainers and coaches have learned the value of quickness exercises to train athletes. Now, physical therapists at the National Naval Medical Center (NNMC) Bethesda, MD, are using these exercises, called plyometrics, as part of their rehabilitation programs.

"We've operated on Marines for knee ligament reconstruction, and physical therapists used plyometrics in their rehabilitation program," said CDR David Adkinson, MC, department head of the orthopedic clinic. "Their recovery was three months. Usually, recovery from an injury like that takes six to eight months. This type of therapy is aggressive. It's definitely on the cutting edge."

Plyometrics are exercises or drills intended to link strength with speed to produce power. They often involve jumping exercises. According to NNMC Bethesda physical therapist LT Rick Hageman, MSC, the jumping exercises help coordinate body parts so they work together quickly.

"For rehabilitation to be successful, we need to return a patient to the prior or a greater level of function than before the injury occurred. Plyometric training will help prevent re-injury," Hageman said. "We use it as part of our final phase of rehab."

Plyometrics in physical therapy involves plastic risers normally used in step aerobics classes. The therapist will take the patient through a series of exercises that includes jumping with one leg or two, sideways or forward, from one riser to another, with or without a mid-air turn.

"We are looking at the quality of the jump while the patient is exercising," Hageman said. "We will often find someone who is reticent to perform certain jumps because the movement we ask of him is the movement he used to injure himself in the first place.

"Once the patient gets to the point where he has confidence (doing) jumps that at one time he was afraid to attempt, that's when I know I've done my job," Hageman added.

By HN Joseph L. McDonald, NNMC Bethesda

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Headline: Army Draws Navy's Blood

Forget the Army-Navy game on 7 December. Forget the rivalry that's enough to make blood boil.

Instead, think of the Soldiers and Sailors who came together off the coast of Hawaii aboard USS CARL VINSON to help Hawaii's military families.

For the first time, Army medics from Tripler Army Medical Center went to sea to conduct a blood drive that proved the bond between military services is as thick as blood when it comes to working together to benefit the community.

Still, that didn't mean the Army medics weren't eager to get at the Sailor's blood. According to SGT Hank Askin, medic in charge of the drive, Army medics were standing in line to fly out to the VINSON. "At least 75 percent of the lab wanted to come on this mission," he said.

However, their eagerness wasn't due to any inter-service rivalry. The Army medics wanted to experience life at sea and an arrested carrier landing.

"It was a great experience because the Army never gets to do something like that," said Askin.

The medics drew nearly 150 units of blood on their overnight drive.

Army MAJ Kathleen Ingwersen, MC, director of Tripler's blood bank and donor center, said this was a "win-win" situation for the hospital, the Navy, and everyone stationed in Hawaii. Tripler supports all the branches of the military in Hawaii and is involved in a variety of trauma cases and treatments that require blood products and transfusions.

"There was the usual joshing between Sailors and Soldiers but they all came together and it worked great," said LCDR Lou Gilleran, MC, VINSON's senior medical officer. By JO1(SW/FMF) Scott "Doc" Thornbloom, U.S. Pacific Fleet

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Headline: Study Shows Lawbreakers Should Pay

San Antonio, TX--Those who violate traffic laws should bear the burden of funding emergency medical service(EMS) and trauma systems, says a study by a Navy officer at Baylor University in San Antonio, TX.

The study, by LT Darwin Goodspeed, MSC, recommends an initiative that would save taxpayers big bucks, and also adequately fund EMS and trauma initiatives that would save lives.

No one can question the importance of EMS, but with more than \$176 million in federal and state funds spent last year to provide this essential service, it's no wonder why state legislatures are trying to find a way to cut costs.

Goodspeed's recommendation is a simple one: those who break the law must pay an additional fine. The additional money is then placed in a fund designated for EMS and trauma services.

Based on Goodspeed's study, a bill was recently proposed in Texas that would tack on an additional \$6 fee for those who receive a moving traffic violation.

Given that approximately two million traffic violations

are adjudicated each year in Texas, the fine would raise about \$12 million for the state's EMS, said Goodspeed in his study.

Some states assess an additional fee when registering an automobile, but Goodspeed believes those who are most responsible for causing trauma should pay for the injuries they're responsible for causing.

"About forty percent of traumas are automobile related," explained Goodspeed. "Traffic laws are designed to

keep people safe. (When people) break the law, they not only make themselves unsafe, but also other people on the roadways."

Seven states currently have similar programs, which do not depend on federal funding and are successful.

"Though not every speeding driver or every drunk driver will cause an accident," said Goodspeed, "these actions do make our highways less safe and contribute to the overall problem."

By LT Edie Rosenthal, Bureau of Medicine and Surgery

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Headline: Innovation Links Medicos Half A World Apart

Bethesda, MD--Navy health professionals from two carriers and a medical center gathered recently to discuss a medical case, yet they never left their offices.

Staff members aboard USS GEORGE WASHINGTON, in port in Norfolk, VA; USS ENTERPRISE, in port in the Arabian Gulf; and National Naval Medical Center (NNMC) Bethesda were linked via teleconferencing, which allows audio and video communication. While teleconferencing has become almost a daily occurrence within the Navy, what made this conference different is that it was the first time it was done without a "bridge," a telecommunications link that allows video and sound to be transmitted to several sites at once.

The problem with bridges is that there are only a limited number available, so they must often be reserved many days in advance, and the user fee can cost more than \$500 an hour.

But thanks to innovative thinking, the bridge wasn't needed and the communication link was completed with existing hardware and software.

HMC Richard Hinesley, system manager for the telemedicine department at NNMC Bethesda was the creative mind for setting up this rapid, low cost audio-video system reconfiguration that allowed the three sites to communicate. First, he sent up two PictureTel units, which are computerized video displays, side-by side. Each unit was connected to an aircraft carrier so it could communicate with Bethesda. He then linked the two units together with audio-video splitters so the two ships could communicate with each other.

With Bethesda acting as the "master control" for the three sites, the two ships' medical departments and Bethesda were able to discuss the case about a patient aboard USS

ENTERPRISE who was injured in a helicopter crash.

"Right now, I think a three way (link) is the best we can do and get good video resolution," said Hinesley. "But I've got four places--Naples, NIH (National Institutes of Health), our x-ray department and GEORGE WASHINGTON--that want to try it."

By Jan Davis, Bureau of Medicine and Surgery

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Headline: TRICARE Question and Answer

Q. Is there any TRICARE information available for the hearing impaired?

A. "TRICARE: Your Military Health Plan," a videotape that provides an overview of TRICARE and its three options, is now available for hearing impaired beneficiaries.

"We find there are quite a few beneficiaries out there who will benefit from this open-captioned version," said Ernestyne Forbes, deputy director of DOD's TRICARE marketing office. "We're also working on a Spanish language version of the videotape as well as a brochure that I expect to be completed within the next six months."

The tape for the hearing impaired is available now through each Lead Agent's office. Clinics and hospitals should contact the Lead Agent marketing office for a copy.

The Spanish videotapes will be sent to Lead Agents when they are completed.

Do you have a question about TRICARE, the military's new health care plan? The Bureau of Medicine and Surgery now has a dedicated e-mail address so that you can send in your questions and get a response via MEDNEWS. The address is TRICARE@bms200.med.navy.mil.

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Headline: Healthwatch: Keeping Holiday Pounds Off!

Research indicates that most of us will gain between seven and ten pounds over the holidays.

Keeping your weight in check doesn't mean you can't enjoy some of the luscious holiday fare. The answer is moderation and making healthy choices when it comes to the foods and drinks you chose over the holiday.

Here are some hints to help you keep trim yet not loose out on the fun.

At Holiday Cocktail Parties

- Don't completely deny yourself the enjoyment of a party by saying you won't eat anything. Arrive fashionably late, greet people you know, get a beverage, and then make your way to the food.

- Remember: all foods, even vegetables and fruits, contain calories. Portion control is the key.

- Skip fried foods, such as bite-sized egg rolls, and mayonnaise based sauces or spreads. Instead, chose bread, fruit, vegetables or crackers. If you have a weakness for cheese, limit it to two or three pieces. Head for the boiled chilled shrimp, which are low calorie, high protein.

- Eat low fat, low calorie foods such as vegetables and fruits before other foods. They'll help fill you up and

help you resist eating more fattening foods.

- Alcoholic beverages contain calories, too, and have very little nutritional value. Remember also that alcohol can weaken your will power when it comes to resisting fattening food.

At Office Parties

- If it's a covered dish luncheon, make the dish you bring light in calories and fat so you know there will be at least one healthy choice.

- If the drink that's available is eggnog or sugary punch, bring your own low-cal drink.

Dinner Parties

Even when you can't chose the menu at a dinner party, there are a few adjustments you can make to keep calories in check.

- If seconds are mandatory with your hosts, make your first helping very small. Take skinless white meat rather than dark meat with skin, which has the most fat and calories.

- Fill your plate with potatoes and vegetables to leave less room for higher fat meats and sauces.

- Choose two appetizers instead of an entree, or share an entree with a friend. If you must have dessert, share it.

- Don't waste calories on alcoholic drinks. If you decide to have a drink, chose dry white wine.

Finally, don't dwell on it if you over-indulged on food. Think of it as a opportunity to over-indulge on exercise!

By LT Kirsten Moe, MSC, Naval Hospital Charleston, SC

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Feedback and comments are welcome. Story submissions are encouraged. Contact Jan Davis, MEDNEWS editor, at e-mail address mednews@bms200.med.navy.mil, telephone 202/762-3223, DSN 762-3223, or fax 202/762-3224.